



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

OCCMED ASSOCIATES LP

**Respondent Name**

OLD REPUBLIC INSURANCE CO

**MFDR Tracking Number**

M4-16-1413-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

January 26, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "...bills attached [sic] denied by Corvel due to us listing our PTA Cynthia Kennon on our bill as she provided the treatment while being overseen by her supervisor Bryce Olson, PT. I know that this is the correct way to bill as we are not allowed to bill under the PTA when the PT is present. Please review our claim and determine if our dispute is correct as I believe we are owed payment."

**Amount in Dispute:** \$242.81

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "In review of the dispute packet submitted by the requestor, HCAA Medical Group (herein referred to as HCP), CorVel maintains that the original denial of payment for date of service 12/11/15 is correct based on DWC adopted rule listed above."

**Response Submitted by:** CorVel Corporation

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 11, 2015	97110-GP-59, 97530-GP-59, G8984-GP-CM and G8985-GP-CI	\$242.81	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.10 sets out the requirements for a complete medical bill.
- 28 Texas Administrative Code §133.20 sets out the requirements for medical bill submission by the health care provider.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCPT that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. Licensed HCP - Cynthia Kennon, PTA #2018420.
  - R25 – Procedure billing restricted/see state regulations.
  - B20 – Svc partially/fully furnished by another provider.

## Issues

1. Is the requestor entitled to reimbursement?

## Findings

The workers' compensation insurance carrier denied payment for the disputed services based upon its allegation that the rendering provider's information did not appear on the CMS Form 1500 (02/12). Specifically, the carrier on the explanation of benefits issued states that "Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. Licensed HCP - Cynthia Kennon, PTA #2018420."

According to 28 Texas Administrative Code §133.10(f) (1) (U) and (V), the **rendering provider's** information is required to be listed in box 24j, shaded (state license) and un-shaded (NPI) fields. Furthermore, 28 Texas Administrative Code §133.20(d) states, in pertinent part that "The health care provider that provided the health care shall submit its own bill, unless...(2) the health care was provided by an unlicensed individual under the direct supervision of a licensed health care provider, in which case the supervising health care provider shall submit the bill." Read together these provisions only allow for a supervising provider to be listed in 24j if the rendering provider is not licensed.

Review of the CMS 1500 provided finds that the requestor listed the license and NPI information for Bryce H. Olson, PT in box 24j based upon its contention that the rendering provider Cynthia Kennon, PTA "overseen by her supervisor Bruce Olson, PT." The requestor's contention that the rendering provider was overseen by the PT, is therefore not supported. Consequently, the requestor's argument is not supported.

The division concludes that the workers' compensation insurance carrier's denial is supported. For that reason, reimbursement cannot be recommended.

## Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Manager

\_\_\_\_\_  
February 12, 2016

\_\_\_\_\_  
Date

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**